**Early Years SENIF (Special Educational Needs Inclusion Fund)**

**Application Form**

**Please ensure you have read the ‘Guidance for Providers’ document before completing this form.**

The Special Educational Needs Inclusion Funding (SENIF) is available to promote the inclusion by Early Years Providers of children who have been early identified as needing additional support to access their funding entitlement.

Information provided on this form will be shared at panel meetings with NHS 0-19 Team, Speech and Language Therapy and Educational Psychologist, Early Childhood Service and Early Years SEND Team.

**Parent/Carer Consent**

|  |
| --- |
| The decision to make this application has been discussed with me and I give my consent. I understand that I must inform the provider if I decide to move my child to another provider or school. I consent to this form being shared with my child’s new provider. I understand and agree that in applying for this support, I will automatically be registered with the Wirral Children Centre’s. **Signatures must be penned** |
| Parent/Carer Signature |  |
| Print Name |  |
| Date |  |

**Section A – Child’s Details**

|  |  |
| --- | --- |
| Full Name  |  |
| Date of Birth  |  | Age (years/months) |  |
| Home Address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child have English as an Additional Language (EAL)? | YES |  | NO |  |
| What is the child’s first Language? |  |
| Does the child currently access 2-year-old funding? | YES |  | NO |  |
| Does the child currently access 3/4-year-old **Universal** funding? | YES |  | NO |  |
| Does the child currently access 3/4-year-old **Extended** funding? | YES |  | NO |  |
| Does the child receive Disability Living Allowance (DLA)? | YES |  | NO |  |
| Does the child receive Disability Access Fund (DAF)? | YES |  | NO |  |
| **Please provide any funding codes:** |

**Section B – Provider Details**

|  |  |
| --- | --- |
| Name of Provider / Setting |  |
| Name of main contact |  |
| Address |  |
| Email Address  | *(Correspondence will be sent to this email address)* |

|  |  |  |
| --- | --- | --- |
| Please provide the number of hours the child attends each week |  |  |
| How many of these hours are government funded? |  |  |

|  |
| --- |
| Are there any concerns around the child’s attendance? |
|  |

**Section C – Special Educational Needs Inclusion Funding Request**

|  |  |
| --- | --- |
| When did/will the child start at the Provider? |  |
| When did/will the enhanced support commence? |  |
| How many hours per week is the Provider applying for? See Guidance |  |

|  |  |
| --- | --- |
| Does the child attend any other Early Years provision? If ‘Yes’ please give details |  |

**Section D – Special Educational Needs and/or Disabilities**

Please highlight the child’s strengths particularly in the four areas of need, Communication and Interaction, cognition and Learning, Social, Emotional and Mental Health, Physical and Sensory.

|  |
| --- |
| I can… |

Please rank the areas of need. Primary area of need = 1. Insert 2, 3 and 4 for any further areas of need.

|  |  |
| --- | --- |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Sensory and/or Physical |  |

Please provide a description of their needs and differences within the 4 areas of need?

Include any diagnosis received. Refer to exemplar for guidance.

|  |
| --- |
|  |

Please provide their current assessment (dated), this can be a screen shot from a tracking system or typed / handwritten detail.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Date of last Wellcomm screening |  |
| What is the child’s current Wellcomm score  |  |
| Welcomm score for expressive language.(What the child uses) |  |
| Welcomm score for receptive understanding. (What a child understands) |  |

**Section E – Inclusive Provision**

|  |  |
| --- | --- |
| What step on the on the Early Years graduated approach is the child on? (see Early Years Toolkit) |  |
| What strategies are currently being used and what is working well? (Examples: resources, staffing, Strategies / Interventions, changes to environment) |

**PLAN:** How do you plan to utilise SENIF to support the child to make progress in their learning and development?

(See Guidance)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Activity/Training/Resource/Support | Adult support | Expected outcome  | Hours each week or Cost |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Has a request been made for an EHCN Assessment? Please provide date requested. |  |  |
| If yes, has an assessment been agreed? |  |  |

**Section F – Team around the Child**

Please identify the named professionals supporting the child.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service/Professional** | **Name** | **Service/Professional** | **Name** |
| Early Years SEND Officer |  | Health Visitor |  |
| Portage |  | Speech and Language Therapist |  |
| Sensory Support Team |  | Physiotherapist |  |
| Educational Psychologist |  | ASC Team |  |
| Occupational Therapist |  | Pediatrician |  |
| Other – please specify |  |
| Social Care | Early Help  |  | Child in Need |  | Child Protection |  | Child Looked After |  |

**Section G – Declarations and Privacy Notice**

Document Checklist

Please include as many documents as possible from the list and tick to confirm attached. Documents are **mandatory** to attach.

|  |  |  |  |
| --- | --- | --- | --- |
| Document Type | X | Document Type | X |
| ‘How Do You Support My Learning?’ Provision Map |  | One page profile  |  |
| Current Early Years Support Plan and Evaluation |  | Any other Specialist Report including EY SEND Officer Advice (optional) |  |

Privacy Notice

Wirral Council has a legal responsibility under the Childcare Act 2006 to provide Special Educational Needs Funding (SENIF) for eligible children where an application is approved. To facilitate this, we require personal data of the family and child. The data required enables Wirral council to check eligibility and ensure fraudulent claims are not made, as well as submitting returns to central government. The data will be kept in a secure location. Electronic data will be kept on a secure server and, where possible, encrypted. The data will be kept for 25 years before it is destroyed.

Provider Declaration

* I confirm that I have read and understood the Guidance Notes and that I accept the conditions attached to any funding allocated.
* I confirm that I have shared this form with the child’s parents/carers.
* I confirm that this application is accurate, and any funding allocated will be used for the purposes indicated.
* I will inform the Early Years SEND Team if an EHCP/PFA is approved as soon as I am notified.
* I have read and understood the Privacy Notice above for Wirral council.

|  |  |
| --- | --- |
| Manager/SENCo Signature |  |
| Position |  |
| Print Name |  |
| Date |  |

**Submission**

**Email**

Submit via the Wirral email address: eysend@wirral.gov.uk

**Collection**

Can be arranged from you setting by emailing eysend@wirral.gov.uk or by calling FIS on 0151 666 3980.

**PART TWO Change in circumstances**

This section is **only** **to be completed** **in the event** of a request to change the number of hours being received for SENIF or the child is changing providers.

**Request to change of hours**

The child has **decreased** their hours to: \_\_\_\_ (insert number of hours) Please state below how this will affect their plan below.

The child has **increased** their hours to: \_\_\_\_\_ (insert number of hours) Please detail how this will affect their plan below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Activity/Training/Resource/Support | Adult support | Expected outcome  | Hours each week or Cost |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**Child is changing providers** (existing provider to complete)

|  |  |
| --- | --- |
| **Name of new provider** |  |
| **Date child will be starting there** |  |
| Date of last Wellcomm screening |  |
| What is the child’s current Wellcomm score  |  |
| Welcomm score for expressive language.(What the child uses) |  |
| Welcomm score for receptive understanding. (What a child understands) |  |

Please highlight the child’s strengths particularly in the four areas of need, Communication and Interaction, cognition and Learning, Social, Emotional and Mental Health, Physical and Sensory:

|  |
| --- |
| I can… |

Please provide a description of their needs and differences within the 4 areas of need?

Include any diagnosis received. Refer to exemplar for guidance.

|  |
| --- |
|  |

Please update the child’s action plan if a review has taken place:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Activity/Training/Resource/Support | Outcome  | Hours each week |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

**Child in receipt of Band: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART THREE IMPACT REVIEW**

To be completed and sent at the end of each term, at review point, following a meeting with parents with consent to share updates. Future payments will only be made when impact reviews have been completed for all children receiving or who have received SENIF in your setting.

**Term 1 Impact Review** (to be completed after the first term of funding)

|  |  |
| --- | --- |
| Date of last Wellcomm screening |  |
| What is the child’s current Wellcomm score  |  |
| Welcomm score for expressive language.(What the child uses) |  |
| Welcomm score for receptive understanding. (What a child understands) |  |

Please highlight the child’s strengths particularly in the four areas of need, Communication and Interaction, cognition and Learning, Social, Emotional and Mental Health, Physical and Sensory:

|  |
| --- |
| After term 1  |

Please provide a description of their needs and differences within the 4 areas of need?

Include any diagnosis received. Refer to exemplar for guidance.

|  |
| --- |
| After term 1  |

Please review and update the child’s plan below from application plan:

|  |
| --- |
| After term 1  |
| No. | Activity/Training/Resource/Support | Outcomes | Progress towards outcomes |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

|  |  |
| --- | --- |
| Date review meeting held: |  |
| Parent/carers consent gained: | Signed: Date:  |

Please return to eysend@wirral.gov.uk

**Term 2 Impact Review** (to be completed after the second term of funding)

|  |  |
| --- | --- |
| Date of last Wellcomm screening |  |
| What is the child’s current Wellcomm score  |  |
| Welcomm score for expressive language.(What the child uses) |  |
| Welcomm score for receptive understanding. (What a child understands) |  |

Please highlight the child’s strengths particularly in the four areas of need, Communication and Interaction, cognition and Learning, Social, Emotional and Mental Health, Physical and Sensory and include the other specific areas:

|  |
| --- |
| After term 2 |

Please highlight the child’s strengths particularly in the four areas of need, Communication and Interaction, cognition and Learning, Social, Emotional and Mental Health, Physical and Sensory and include the other specific areas:

|  |
| --- |
| I can… |

Please review the child’s action plan:

|  |
| --- |
| After term 2  |
| No. | Activity/Training/Resource/Support | Outcomes | Progress towards outcomes |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

|  |  |
| --- | --- |
| Date review meeting held: |  |
| Parent/carers consent gained: | Signed: Date:  |

Please return to eysend@wirral.gov.uk